

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">10764871</div>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep												
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Total Claims												

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	1		1			
Total Depend	0		0			
Total Claims	1		1			

	Indep	Depend	Indep	Depend	Indep	Depend
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